

**COMMONWEALTH OF KENTUCKY
REQUEST TO INSPECT PUBLIC RECORDS
RE: KRS CH. 61**

Date _____

To: **Kentucky Board of Tax Appeals
Environmental and Public Protection Cabinet**

I request to inspect the following document(s): (Provide case number and case name, if applicable)

Completion of
all information
at the right is
required for
KBTA records

Signature _____

Company/Firm name (if applicable) _____

Address _____

City, State, Zip Code _____

Phone Number (include area code) _____

If copies are requested the Kentucky Board of Tax Appeals will contact you with the amount owed.

Number of copies of each page requested @ \$0.10 a page: _____ @\$0.10 each _____
Total # Copies Total Due

Enclosed \$ _____ ☐ Check ☐ Money Order ☐ Cash ☐ Bill
(Make checks payable to Kentucky State Treasurer)

SEND REQUEST TO:
Kentucky Board of Tax Appeals
128 Brighton Park Boulevard
Frankfort, Kentucky 40601
Phone: (502) 573-4316
Fax: (502) 573-7502

Payment received _____

Date/Initials _____